

## Como llenar una

# DECLARACIÓN FINANCIERA (SIMPLIFICADA) (FL-155)

## INSTRUCCIONES

Your name and address or attorney's name and address:		TELEPHONE NO.:	FL-155
		FOR COURT USE ONLY	
ATTORNEY FOR (Name): <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>			
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:			
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:			
FINANCIAL STATEMENT (SIMPLIFIED)		CASE NUMBER:	
<p><b>NOTICE:</b> Read page 2 to find out if you qualify to use this form and how to use it.</p> <p>1. a. <input type="checkbox"/> My only source of income is TANF, SSI, or GA/GR.      b. <input type="checkbox"/> I have applied for TANF, SSI, or GA/GR.</p> <p>2. I am the parent of the following number of natural or adopted children from this relationship ..... %</p> <p>3. a. The children from this relationship are with me this amount of time ..... %      b. The children from this relationship are with the other parent this amount of time ..... %      c. Our arrangement for custody and visitation is (specify, using extra sheet if necessary):</p> <p>4. My tax filing status is: <input type="checkbox"/> single <input type="checkbox"/> married filing jointly <input type="checkbox"/> head of household <input type="checkbox"/> married filing separately.</p> <p>5. My current gross income (before taxes) per month is \$.....</p> <p>6. Attach 1 copy of pay stubs for last 2 months here (cross out security numbers). This income comes from the following:  <input type="checkbox"/> Salary/wages: Amount before taxes per month ..... \$.....  <input type="checkbox"/> Retirement: Amount before taxes per month ..... \$.....  <input type="checkbox"/> Unemployment compensation: Amount per month ..... \$.....  <input type="checkbox"/> Workers' compensation: Amount per month ..... \$.....  <input type="checkbox"/> Social security: <input type="checkbox"/> SSI <input type="checkbox"/> Other Amount per month ..... \$.....  <input type="checkbox"/> Disability: Amount per month ..... \$.....  <input type="checkbox"/> Interest income (from bank accounts or other): Amount per month ..... \$.....      I have no income other than as stated in this paragraph.</p> <p>7. I pay the following monthly expenses for the children in this case:      a. <input type="checkbox"/> Day care or preschool to allow me to work or go to school ..... \$.....      b. <input type="checkbox"/> Health care not paid for by insurance ..... \$.....      c. <input type="checkbox"/> School, education, tuition, or other special needs of the child ..... \$.....      d. <input type="checkbox"/> Travel expenses for visitation ..... \$.....</p> <p>8. There are (specify number) other minor children of mine living with me. Their monthly expenses that I pay are \$.....</p> <p>9. I spend the following average monthly amounts (please attach proof):      a. <input type="checkbox"/> Job-related expenses that are not paid by my employer (specify reasons for expenses on separate sheet) ..... \$.....      b. <input type="checkbox"/> Required union dues ..... \$.....      c. <input type="checkbox"/> Required retirement payments (not social security, FICA, 401k or IRA) ..... \$.....      d. <input type="checkbox"/> Health insurance costs ..... \$.....      e. <input type="checkbox"/> Child support I am paying for other minor children of mine who are not living with me ..... \$.....      f. <input type="checkbox"/> Spousal support I am paying because of a court order for another relationship ..... \$.....      g. <input type="checkbox"/> Monthly housing costs: <input type="checkbox"/> rent or <input type="checkbox"/> mortgage ..... \$.....      If mortgage, interest payments \$ ..... real property taxes \$ .....</p> <p>10. Information concerning <input type="checkbox"/> my current employment <input type="checkbox"/> my most recent employment:      Employer Address: _____      Telephone number: _____      My occupation: _____      Date work started: _____      Date work stopped (if applicable): _____</p> <p>11. FINANCIAL STATEMENT (SIMPLIFIED)      What was your gross income (before taxes) before work stopped?: _____  <small>Page 1 of 2      Family Code § 4018(b)      www.courtinfo.ca.gov</small></p>			

- 1 Antes de completar la forma, lea las instrucciones en la segunda página . Después, escriba su nombre y su domicilio aquí.
- 2 Si no esta llenada para usted, escriba "Fresno" después de "COUNTY OF". El domicilio es: 1100 Van Ness Ave., Fresno CA 93724-0002. El nombre de la sucursal es: Central Branch.
- 3 Usted es el "Petitioner"(Demandante) si comenzó la causa. Usted es el "Respondent"(Demandado) si otra persona comenzó la causa en su contra. Escriba el nombre completo para cada persona.
- 4 Marque en 1. Inciso a., si usted recibe TANF, SSI, o GA/GR y si ésta es la única manera que recibe dinero. Marque 1.b si usted a solicitado para TANF, SSI, o GA/GR, pero no recibido dinero todavía.
- 5 Para # 2, ponga el número de hijos nacidos o hijos adoptados por usted y por la otra parte. Para # 3, escriba el porcentaje de tiempo que usted está con su hijo(s) y el porcentaje de tiempo que el otro parente está con ellos. Ejemplo: Si usted tiene a su(s) hijo(s) entre semana y el otro parente los tiene los fines de semana, los hijos están con usted como 70% del tiempo y el otro parente como 30% del tiempo.
- 6 Para # 4, marque el cuadro que dice cómo usted hace sus impuestos, cómo parente soltero(a), casado archivando juntos, cómo cabeza de familia, o casado(a) pero archivando usted solo(a).
- 7 Para # 5, ponga la cantidad de dinero que usted recibe cada mes antes de que le quiten los impuestos. Después marque en el cuadro de donde viene el dinero y escriba la cantidad. Cuando haya añadido la cantidad, el numero tiene que ser la misma cantidad que usted escribió para el total del ingreso mensual.
- 8 Para # 6, marque todos los cuadros pertinentes y haga una lista con la cantidad para cada uno de estos gastos.
- 9 Marque el cuadro después de # 7 si hay otros niños menores de 18 años viviendo con usted, quien no son parte de este caso. Ponga el número de niños y liste la cantidad de dinero que usted gasta en ellos cada mes.
- 10 Lea # 8 cuidadosamente y marque todos los cuadros pertinentes. Haga una lista con la cantidad por promedio de dinero que gasta cada mes en estos desembolsos. Adjunte un comprobante que usted hace estos pagos (estado de cuentas, facturas etc.) .
- Para # 9, marque el primer cuadro si usted actualmente tiene empleo o marque el segundo cuadro si usted no está trabajando. Escriba el nombre, domicilio, y número de teléfono de su patrono actual o el más reciente. "Occupation" significa el título de su trabajo. Por ejemplo, "mecánico" or "cajero/a." Escriba el día que comenzó este empleo.

# DECLARACIÓN FINANCIERA (SIMPLIFICADA) (FL-155)

- segunda pagina -

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
12	
10. My estimate of the other party's gross monthly income ( <i>before taxes</i> ) is .....	
11. My current spouse's monthly income ( <i>before taxes</i> ) is .....	
12. Other information I want the court to know concerning child support in my case ( <i>attach extra sheet with the information</i> ). 13. <input type="checkbox"/> I am attaching a copy of page 3 of form FL-150, <i>Income and Expense Declaration</i> showing my expenses.	
I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct. 14.	
Date: _____	
(TYPE OR PRINT NAME) _____	
(SIGNATURE OF DECLARANT) _____	
<input type="checkbox"/> PETITIONER/PLAINTIFF <input type="checkbox"/> RESPONDENT/DEFENDANT	

**INSTRUCTIONS**

**Step 1: Are you eligible to use this form?** If your answer is YES to any of the following questions, you may NOT use this form:

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?  
  - Welfare (such as TANF, GR, or GA)
  - Interest
  - Salary or wages
  - Workers' compensation
  - Disability
  - Social security
  - Unemployment
  - Retirement
- Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

**Step 2: Make 2 copies of each of your pay stubs for the last two months.** If you received money from other than wages or salary, include copies of the pay stub received with that money.  
 Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

**Step 3: Make 2 copies of your most recent federal income tax form.**

**Step 4: Complete this form with the required information.** Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

**Step 5: Make 2 copies of each side of this completed form and any attached pages.**

**Step 6: Serve a copy on the other party.** Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

**Step 7: File the original with the court.** Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

**Step 8: Keep the remaining copies of the documents for your file.**

**Step 9: Take the copy of your latest federal income tax return to the court hearing.**

**It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.**

FL-155 [Rev. January 1, 2004]

FINANCIAL STATEMENT (SIMPLIFIED)

Page 2 of 2

- 12** Escriba el apellido y el nombre de pila de las dos partes de la causa.
- 13** Escriba la cantidad de dinero que usted piensa que la otra parte hace al mes antes que le quiten los impuestos. Si se volvió a casar apunte el sueldo de su esposo antes de los impuestos.
- 14** Escriba su nombre con letra de molde en la izquierda y firme en la derecha. Escriba la fecha que firmo el formulario. Al firmar el formulario usted declara que todo lo que esta escrito es cierto y correcto. Si usted tiene algo más que quiere que el juez sepa de su causa, escribalos en otro papel y adjuntelos con este formulario.
- 15** Lea y siga las instrucciones de cada sección cuidadosamente. No hay nada que usted tiene que llenar, pero hay información aquí que le puede ayudar. Elegible "Eligible" significa "permitir." La mayoría de la gente que llena este formulario probablemente reúnen los requisitos, pero si usted respondió "YES" (sí) para alguna de las preguntas en el primer paso, no será permitido usar éste formulario.

## INSTRUCCIONES

- ▶ Encuentre el número en el formulario de muestra.  
*Ejemplo:*  
15
- ▶ Encuentre el numero correspondiente abajo y siga las instrucciones
- ▶ Escriba a máquina o a mano en tinta negra.
- ▶ Si conoce el No. de causa (Case Number) escribalos o deje en blanco.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		TELEPHONE NO.:	FL-150 FOR COURT USE ONLY
ATTORNEY FOR (Name): <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b> STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		1	
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:		2	
INCOME AND EXPENSE DECLARATION		3	
		CASE NUMBER	
<p>1. Employment  <i>Fill out the information below on your current job, or if you're unemployed, your most recent job.</i></p> <p>a. Employer name: _____  b. Employer's address: _____  c. Employer's phone number: _____  d. Your occupation: _____  e. Date job started: _____  f. If unemployed, date job ended: _____  g. I work about _____ hours per week.  h. I get paid \$ _____ gross (before taxes) _____ per month _____ per week _____ per hour  <i>If unemployed now, list the hours you worked and what you got paid on your last job.  If you have more than one job, attach an 8½-by-11" sheet of paper and list the same information as above for your other jobs. Write "Question 1-Other Jobs" at the top.</i></p> <p>2. Age and Education  a. My age is (specify): _____  b. I have completed high school or the equivalent: <input type="checkbox"/> yes <input type="checkbox"/> no If no, highest grade completed: _____  c. Number of years of college completed (specify): <input type="checkbox"/> degree obtained (specify): _____  d. Number of years of graduate school completed (specify): <input type="checkbox"/> degree(s) obtained (specify): _____  e. I have the following: <input type="checkbox"/> professional/occupational licenses (specify): _____  <input type="checkbox"/> vocational training (specify): _____</p> <p>3. Tax Information  a. <input type="checkbox"/> I last filed taxes in _____ (year) _____  b. My tax filing status is:  <input type="checkbox"/> single <input type="checkbox"/> head of household <input type="checkbox"/> married filing separately  <input type="checkbox"/> married filing jointly with (specify name): _____  c. I file state tax returns in: <input type="checkbox"/> California <input type="checkbox"/> Other (specify): _____  d. I claim the following number of exemptions (including myself) on my taxes (specify): _____</p> <p>4. Other party's Income  I estimate the gross monthly income (before taxes) of the other party in this case is: \$ _____  <i>If you need more space to answer any questions on this form, attach an 8½-by-11" sheet of paper and write the question number before your answer. Number of pages attached: _____</i>  I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.</p> <p>Date: _____</p> <p>(TYPE OR PRINT NAME) _____ (SIGNATURE OF DECLARANT) _____  Page 1 of 4</p> <p>Form Adopted for Mandatory Use  Judicial Council of California  FL-150 (Rev. January 1, 2004)</p> <p>INCOME AND EXPENSE DECLARATION  Family Code, §§ 2020-2032,  2100-2113, 3562, 3820-3834,  4050-4076, 4300-4338  www.courts.ca.gov</p>			

## Cómo llenar

# LA DECLARACION DE INGRESOS Y GASTOS (FL-150)

### INSTRUCCIONES:

- Encuentre un número en el formulario de muestra.
- Ejemplo: 5*
- Busque el mismo número abajo para ver cómo llenar el formulario.
- Escriba a máquina o en letra de molde con tinta negra.
- Si sabe el número de Caso, escríbalo o si no, déjelo en blanco.

- 1 Escriba su nombre, dirección y número de teléfono.
- 2 Si no está escrito ya, escriba “Fresno” a un lado de “COUNTY OF”. La dirección (address) es: 1100 Van Ness Ave., “City and Zip Code” es: Fresno CA 93724-0002. A un lado de Branch Name escriba: Central Division.
- 3 Escriba los nombres del Petitioner/Plaintiff [demandante] y del Respondent/Defendant [demandado]. (El Plaintiff/demandante es la persona que mete el caso en contra de otra persona, el Defendant/demandado.) Escriba los nombres de otro Padre/Madre /Querellante si es que aplica al caso.
- 4 Llene la información sobre su trabajo. Si no tiene trabajo, llena la información sobre **el ultimo trabajo que tuvo**. Si tiene más de un trabajo, use otro papel para anotar la misma información.
  - Escriba el nombre (a) de donde trabaja, la dirección (b) y el número de teléfono (c), y su título de trabajo (d). **Ejemplo: Chofer.**
  - Escriba la fecha en que comenzó este trabajo (e), cuántas horas trabaja cada semana (g), y cuánto dinero le pagan antes de que le saquen lo de los impuestos (h). Marque el primer cuadro si esta cantidad es lo de un mes, marque el segundo cuadro si es lo de una semana, o el tercer cuadro si es lo de una hora.
  - Asegúrese de incluir **copias de sus talones de cheques** por los pasados dos meses. Use un **plumón obscuro** para tachar su número de seguro social.
- 5 Escriba su edad (a) y marque el cuadro Yes si usted terminó el bachillerato/ la prepa (b). Si marcó que NO, escriba también el ultimo año escolar que terminó. Llene la c. o la d. si ha tomado clases universitarias. Llene la e. si aplica
- 6 Marque el cuadro a. y escriba el ultimo año en que hizo los taxes [declaración de rentas internas]. Para la b., marque el cuadro del estado civil que le aplique a usted. Para la c., Marque California O si los últimos taxes los hizo de otro estado, marque Other y escriba el nombre del otro estado. Parq la d, escriba cuántos “exemptions” puso en los últimos taxes que hizo.
- 7 Escriba la cantidad que gana la otra persona del caso en un mes y explique cómo es que usted sabe esto.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	9	CASE NUMBER:
Attach copies of your pay stubs for the last two months and proof of any other income. Take a copy of your latest federal tax return to the court hearing. (Cross out your social security number on the pay stub or tax return.)		
Average monthly (total last 12 months)		
5. Income (list all sources that you have received for the last 12 months—for average monthly, divide by 12) Last month divide by 12		
a. Salary or wages (gross, before taxes) ..... \$ _____ b. Overtime (gross, before taxes) ..... \$ _____ c. Commissions or bonuses ..... \$ _____ d. Public assistance (for example: TANF, SSI, GA/GR) <input type="checkbox"/> currently receiving ..... \$ _____ e. Spousal support <input type="checkbox"/> from this marriage <input type="checkbox"/> from a different marriage ..... \$ _____ f. Pension/retirement fund payments ..... \$ _____ g. Social security retirement (not SSI) ..... \$ _____ h. Disability <input type="checkbox"/> social security (not SSI) <input type="checkbox"/> state disability (SDI) <input type="checkbox"/> private ..... \$ _____ i. Unemployment compensation ..... \$ _____ j. Workers' compensation ..... \$ _____ k. Other (military basic allowance for quarters (BAQ), royalty payments, etc.) (specify): ..... \$ _____		
6. Investment Income		
a. Dividends/interest ..... \$ _____ b. Rental property income ..... \$ _____ c. Trust income ..... \$ _____ d. Other (specify): ..... \$ _____		
7. My income from self-employment after business expenses for each business: ..... \$ _____		
I am the <input type="checkbox"/> owner/sole proprietor <input type="checkbox"/> partner <input type="checkbox"/> other (specify): Number of years in this business (specify):		
Name of business (specify):		
Type of business (specify):		
Attach a profit and loss statement for the last two years or a schedule C from your last federal tax return. If more than one business, provide the same information as above for all your businesses.		
8. Additional Income		
<input type="checkbox"/> I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):		
9. Change in Income		
<input type="checkbox"/> My financial situation has changed significantly over the last 12 months because (specify):		
10. Deductions		
a. Required union dues ..... \$ _____ b. Required retirement payments (not social security, FICA, 401k or IRA) ..... \$ _____ c. Medical, hospital, dental, and other health insurance premiums (total monthly amount) ..... \$ _____ d. Child support I pay for my other children from another relationship ..... \$ _____ e. Spousal support I pay by court order from a different marriage ..... \$ _____ f. Necessary job-related expenses not reimbursed by my employer (attach explanation labeled Question 10f) ..... \$ _____		
Last month		
11. Assets		
a. Cash and checking accounts, savings, credit union, money market, and other deposit accounts ..... \$ _____ b. Stocks, bonds, and other assets you can easily sell ..... \$ _____ c. All other property <input type="checkbox"/> real or <input type="checkbox"/> personal (estimate fair market value minus the loans and debts you owe) ..... \$ _____		
Total		
PL-150 (Rev. January 1, 2004) INCOME AND EXPENSE DECLARATION Page 2 of 4		
Income		

## DECLARACION DE INGRESOS Y GASTOS (FL-150)

- página dos -

### INSTRUCCIONES:

- Encuentre un número en el formulario de muestra.  
*Ejemplo:* 10
- Busque el mismo número abajo para que vea cómo llenar el formulario.
- Escriba a máquina o en letra de molde con tinta negra.
- Si tiene el número de caso, escríbalos y si no, déjelo en blanco.

9. Escriba los nombres y apellidos de usted y de la(s) otra(s) persona(s) del caso.

*Incluya los talones de cheques de los últimos dos meses junto con este formulario. Tambien incluya comprobante de cualquier otro dinero que usted gane. Traiga copia de sus últimos taxes federales a la cita de la corte. Use un plumón negro para tachar todos los número de seguros sociales que estén en la copia de los taxes.*

10. Fíjese bien en la a. hasta la k. y si usted recibe/gana algo, marque el cuadro. En la primera columna va lo que recibió el mes pasado. Para la segunda columna, sume lo que recibió en los pasados 12 meses y luego divida la cantidad total por 12 para así sacar el promedio mensual.
11. Si usted tiene inversiones, escriba de cuánto son. Si usted escribió una cantidad para la d., describa que viene siendo la inversión. Si tiene propiedad(es) incluya una hoja por separado donde escriba todo lo que sacó y lo que gastó.
12. Esta sección la llena solo si trabaja por su propia cuenta (tiene su negocio propio). Incluya una "declaración de ingresos y gastos para cada negocio" o la hoja "Schedule C" de sus taxes.
13. □ Marque "Additional Income," si usted recibió otro dinero en los pasados 12 meses. Escriba la cantidad y de dónde consiguió el dinero. Ejemplos: "Me saqué la lotería" "Mi tío me dejó dinero en su testamento."
- Marque "Change in Income," si la cantidad de dinero que usted normalmente recibe tuvo un gran cambio en los pasados 12 meses. Escriba el motivo. Ejemplos: "Me lastimé en el trabajo y ahora estoy recibiendo disability." "Conseguí otro trabajo que me paga mucho más que el otro que tenía."
14. Escriba las cantidades de lo que le quitaron de lo que ganó el mes pasado. Escriba en todas las que le apliquen. Si marcó la f, debe escribir una explicación en otro papel y escribe "Question 10f." arriba al papel.
15. Anote sus bienes [cuentas (a) acciones, bonos (b), propiedades, pertenencias (c)]. Escriba el valor total en cada línea correspondiente.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:		CASE NUMBER:													
16															
12. The following people live with me															
Name  a. b. c. d. e.	Age	How is the person related to you?	Gross monthly income												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">Pays some of the household expenses?</td> </tr> <tr> <td><input type="checkbox"/> Yes</td> <td><input type="checkbox"/> No</td> </tr> </table>				Pays some of the household expenses?		<input type="checkbox"/> Yes	<input type="checkbox"/> No								
Pays some of the household expenses?															
<input type="checkbox"/> Yes	<input type="checkbox"/> No														
<input type="checkbox"/> Yes	<input type="checkbox"/> No														
<input type="checkbox"/> Yes	<input type="checkbox"/> No														
<input type="checkbox"/> Yes	<input type="checkbox"/> No														
<input type="checkbox"/> Yes	<input type="checkbox"/> No														
<span style="font-size: 1.5em; border: 1px solid black; border-radius: 50%; padding: 2px 10px; display: inline-block;">17</span>															
13. Average monthly expenses <input type="checkbox"/> Estimated expenses <input type="checkbox"/> Actual expenses <input type="checkbox"/> Proposed needs															
a. My home: (1) <input type="checkbox"/> Rent or <input type="checkbox"/> mortgage ..... \$ _____ (2) If mortgage, include: Average principal ..... \$ _____ Average interest ..... \$ _____	h. Laundry and cleaning ..... \$ _____ i. Clothes ..... \$ _____ j. Education (specify): ..... \$ _____ k. Entertainment, gifts, and vacation ..... \$ _____ l. Auto expenses and transportation (insurance, gas, repairs, bus, etc.) ..... \$ _____ m. Insurance (life, accident, etc.; do not include auto, home, or health insurance) ..... \$ _____ n. Savings and investments ..... \$ _____ o. Charitable contributions ..... \$ _____ p. Monthly payments listed in item 16 (itemize below in 16 and insert total here) ..... \$ _____ q. Other (specify): ..... \$ _____														
b. Health-care costs not paid by insurance ..... \$ _____															
c. Child care ..... \$ _____															
d. Groceries and household supplies ..... \$ _____															
e. Eating out ..... \$ _____															
f. Utilities (gas, electric, water, trash) ..... \$ _____															
g. Telephone/cell phone/e-mail ..... \$ _____															
<span style="font-size: 1.5em; border: 1px solid black; border-radius: 50%; padding: 2px 10px; display: inline-block;">18</span>															
<span style="font-size: 1.5em; border: 1px solid black; border-radius: 50%; padding: 2px 10px; display: inline-block;">19</span>															
14. Installment payments and debts (not listed above)															
Paid to	For	Amount	Balance												
		\$ _____	\$ _____												
		\$ _____	\$ _____												
		\$ _____	\$ _____												
		\$ _____	\$ _____												
		\$ _____	\$ _____												
15. Attorney fees (This is required if either party is requesting attorney fees.)															
e. To date I have paid my attorney for fees and costs: \$ _____ f. The source of this money was (specify): _____ g. I owe to date the following fees and costs over the amount paid: \$ _____ h. My attorney's hourly rate is \$ _____															
<span style="font-size: 1.5em; border: 1px solid black; border-radius: 50%; padding: 2px 10px; display: inline-block;">20</span>															
I confirm this information and fee arrangement.      Date: _____															
(TYPE OR PRINT NAME OF ATTORNEY)		(SIGNATURE OF ATTORNEY)													
FL-150 (Rev. January 1, 2004)		INCOME AND EXPENSE DECLARATION													
		Expenses													
Page 3 of 4															

# **DECLARACION DE INGRESOS Y GASTOS (FL-150)**

- página tres -

## **INSTRUCCIONES:**

- ▶ Encuentre un número en el formulario de muestra.  
*Ejemplo:* **16**
  - ▶ Busque el mismo número abajo para que vea cómo llenar el formulario.
  - ▶ Escriba a máquina o en letra de molde con tinta negra.
  - ▶ Si tiene el número de caso, escríbalos o si no, déjelo en blanco.

16 Escriba los nombres y apellidos de usted y de la(s) otra(s) persona(s) de este caso.

**17** Escriba información sobre toda persona que viva con usted.

- Escriba el nombre (1a columna). La edad (2a columna). Qué es de usted, parente, hijo, amigo (3a columna)
  - Escriba cuánto dinero recibe/gana cada persona al mes antes de lo que les quiten de los taxes (4a columna), y marque Si o No si la persona paga algo por vivir allí.

**18** Para **Average monthly expenses**, marque el primer cuadro si calcula (según el mejor tanteo que pueda echarle) lo que son los gastos, o el segundo cuadro si son los gastos exactos. Marque el tercer cuadro solo si usted piensa que serán los mismos gastos todos los meses.

- Para la a., (1) marque el primer cuadro si lo que paga es renta o el segundo cuadro si usted es dueño de su propia casa. Escriba el pago mensual. Si es dueño de casa y tiene pago de casa llene el (2) y el (3). Llene el (4) si paga aseguranza de vivienda y el (5) si paga reparaciones o mantenimiento para la vivienda.
  - Llene la b. a la q. según le apliquen.
  - Para la j. a la q., describa lo que es el gasto.
  - Sume las líneas a. hasta la q., pero no sume lo de el principal e interés de la hipoteca de la línea a.(2)
  - Anote esta cantidad en el cuadro del total de gastos línea r.
  - La línea s. es para poner gastos mensuales que *usted* NO paga.

Escriba todos los pagos y deudas que usted tenga que pagar. Esto podría incluir pagos de carro, tarjetas de crédito...

- En la primera columna: escriba el nombre del acreedor (¿a quién le manda el pago?).
  - En la Segunda columna describa para qué es el pago. En la tercera columna: la cantidad del último pago que le mando al acreedor.
  - Cuarta columna: cantidad que aun debe. Ultima columna: la fecha en que dio este último pago.

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	<b>21</b>	CASE NUMBER:   															
<b>Child Support Information</b> Fill out this page only if your case involves child support.																	
16. Number of children <b>22</b>																	
<p>a. I have _____ children under the age of 18 with the other parent in this case.            b. The children spend _____ % of time with me _____ % of time with the other parent.  <small>(If not sure about percentage, or it's not been agreed upon, please describe your parenting schedule here.)</small></p>																	
17. Children's health-care expenses <b>23</b>																	
<p>a. <input type="checkbox"/> I do <input type="checkbox"/> I do not have health insurance for the children available at work.            b. Name of insurance company:            c. Address of insurance company:              d. The monthly cost for children's health insurance is or would be: \$ _____  <small>(Do not include the amount your employer pays.)</small></p>																	
18. Additional expenses for the children in this case: <b>24</b>																	
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20. Other information I want the court to know concerning support in my case. <b>26</b>																	
<small>FL-150 (Rev. January 1, 2004)</small> <b>INCOME AND EXPENSE DECLARATION</b> <small>Child Support</small> <small>Page 4 of 4</small>																	

# DECLARACIÓN DE INGRESOS Y GASTOS (FL-150)

**- página cuatro -**

## INSTRUCCIONES:

- ▶ Encuentre el número en el formulario de muestra.  
*Ejemplo: **21***
- ▶ Pase al número correspondiente abajo y siga las instrucciones de cómo llenar el formulario.
- ▶ Escriba a máquina o en letra de molde usando tinta negra.
- ▶ Si conoce el Número del Caso, escríbalo. Si no, déjelo en blanco.

**21** Escriba los nombres y apellidos de usted y las otras personas envueltas en el caso.

**Llene el resto del formulario solamente que su caso incluya manutención de menor(es).**

**22** Escriba el número de hijos(as) **menores de 18 años** que tenga usted con el otro parente.

- Aproxime el porcentaje de tiempo que pasan los hijos(as) con cada parente. Ejemplo: "Los niños están conmigo 30% del tiempo y con el otro parente 70% del tiempo."
- Si no está seguro de los porcentajes, use el espacio proveído para explicar los períodos que cada parente pasa cuidando de los niños.

**23** Marque el primer cuadro si tiene seguro de salud para sus niños por medio de su empleo. Si no, marque el segundo cuadro. Escriba el nombre y domicilio de la compañía de seguro de salud en el espacio proveído. Escriba la cantidad mensual que usted paga (*o que pagaría para cubrir completamente a sus hijos*) por seguro de salud. NO incluya el costo que es pagado por su empleador.

**24** Escriba las cantidades mensuales que correspondan en su caso. Describa las necesidades especiales o educativas.

**25** Enumere las "obligaciones especiales" (necesidades que dificultan su vida diaria).

- Para las letras a., b. y c., escriba las cantidades mensuales correspondientes.
- En la segunda columna, anote cuántos meses ha durado esta situación.
- Si tiene hijos menores de 18 años de otra relación, anote sus nombres y edades en el espacio proveído.
- Si recibe manutención por estos hijos, anote la cantidad.
- Si ha llenado las líneas a., b., y c., se ha proveído espacio para que explique el motivo de la dificultad.

**26** En este espacio puede escribir alguna otra información que quiera hacerle saber al juez sobre su caso.

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, State Bar number, and address):		TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>			
STREET ADDRESS:			
MAILING ADDRESS:			
CITY AND ZIP CODE:			
BRANCH NAME:			
PETITIONER/PLAINTIFF:			
RESPONDENT/DEFENDANT:			
OTHER PARENT/CLAIMANT:			
<b>INCOME AND EXPENSE DECLARATION</b>			CASE NUMBER:

### 1. Employment

*Fill out the information below on your current job, or if you're unemployed, your most recent job.*

- Attach 1 copy of pay stubs for last 2 months here (cross out social security numbers)**
- a. Employer name: \_\_\_\_\_
  - b. Employer's address: \_\_\_\_\_
  - c. Employer's phone number: \_\_\_\_\_
  - d. Your occupation: \_\_\_\_\_
  - e. Date job started: \_\_\_\_\_
  - f. If unemployed, date job ended: \_\_\_\_\_
  - g. I work about \_\_\_\_\_ hours per week.
  - h. I get paid \$ \_\_\_\_\_ gross (before taxes)     per month     per week     per hour

*If unemployed now, list the hours you worked and what you got paid on your last job.*

*If you have more than one job, attach an 8½-by-11" sheet of paper and list the same information as above for your other jobs. Write "Question 1—Other Jobs" at the top.*

### 2. Age and Education

- a. My age is (specify): \_\_\_\_\_
- b. I have completed high school or the equivalent     yes     no    If no, highest grade completed \_\_\_\_\_
- c. Number of years of college completed (specify):     degree obtained (specify): \_\_\_\_\_
- d. Number of years of graduate school completed (specify):     degree(s) obtained (specify): \_\_\_\_\_
- e. I have the following:     professional/occupational licenses (specify):  
                                vocational training (specify):

### 3. Tax information

- a.  I last filed taxes in \_\_\_\_\_ (year)
- b. My tax filing status is:  
 single     head of household     married filing separately  
 married filing jointly with (specify name): \_\_\_\_\_
- c. I file state tax returns in:     California     Other (specify): \_\_\_\_\_
- d. I claim the following number of exemptions (including myself) on my taxes (specify): \_\_\_\_\_

### 4. Other party's income

I estimate the gross monthly income (before taxes) of the other party in this case is: \$ \_\_\_\_\_  
This estimate is based on (explain): \_\_\_\_\_

*If you need more space to answer any questions on this form, attach an 8½-by-11" sheet of paper and write the question number before your answer. Number of pages attached \_\_\_\_\_.*

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date: \_\_\_\_\_

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

Page 1 of 4

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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**Attach copies of your pay stubs for the last two months and proof of any other income.** Take a copy of your latest federal tax return to the court hearing. (Cross out your social security number on the pay stub or tax return.)

Average monthly (total last 12 months divide by 12)

5. **Income** (list all sources that you have received for the last 12 months—for average monthly, divide by 12) Last month
- Salary or wages (gross, before taxes) . . . . . \$ \_\_\_\_\_
  - Overtime (gross, before taxes) . . . . . \$ \_\_\_\_\_
  - Commissions or bonuses . . . . . \$ \_\_\_\_\_
  - Public assistance (for example: TANF, SSI, GA/GR)  currently receiving . . . . . \$ \_\_\_\_\_
  - Spousal support  from this marriage  from a different marriage . . . . . \$ \_\_\_\_\_
  - Pension/retirement fund payments . . . . . \$ \_\_\_\_\_
  - Social security retirement (not SSI) . . . . . \$ \_\_\_\_\_
  - Disability  social security (not SSI)  state disability (SDI)  private . . . . . \$ \_\_\_\_\_
  - Unemployment compensation . . . . . \$ \_\_\_\_\_
  - Workers' compensation . . . . . \$ \_\_\_\_\_
  - Other (military basic allowance for quarters (BAQ), royalty payments, etc.) (specify): . . . . . \$ \_\_\_\_\_
6. **Investment income**
- Dividends/interest . . . . . \$ \_\_\_\_\_
  - Rental property income . . . . . \$ \_\_\_\_\_
  - Trust income . . . . . \$ \_\_\_\_\_
  - Other (specify): . . . . . \$ \_\_\_\_\_

Attach a schedule showing gross receipts less cash expenses for each piece of property.

7. **My income from self-employment after business expenses for each business:** . . . . . \$ \_\_\_\_\_

I am the  owner/sole proprietor  partner  other (specify):

Number of years in this business (specify):

Name of business (specify):

Type of business (specify):

Attach a profit and loss statement for the last two years or a schedule C from your last federal tax return.  
If more than one business, provide the same information as above for all your businesses.

8. **Additional Income**

I received one-time money (lottery winnings, inheritance, etc.) in the last 12 months (specify source and amount):

9. **Change in income**

My financial situation has changed significantly over the last 12 months because (specify):

10. **Deductions** Last month
- Required union dues . . . . . \$ \_\_\_\_\_
  - Required retirement payments (not social security, FICA, 401k or IRA) . . . . . \$ \_\_\_\_\_
  - Medical, hospital, dental, and other health insurance premiums (total monthly amount) . . . . . \$ \_\_\_\_\_
  - Child support I pay for my other children from another relationship . . . . . \$ \_\_\_\_\_
  - Spousal support I pay by court order from a different marriage . . . . . \$ \_\_\_\_\_
  - Necessary job-related expenses not reimbursed by my employer (attach explanation labeled Question 10f) . . . . . \$ \_\_\_\_\_

11. **Assets**

Total

- Cash and checking accounts, savings, credit union, money market, and other deposit accounts . . . . . \$ \_\_\_\_\_
- Stocks, bonds, and other assets you can easily sell . . . . . \$ \_\_\_\_\_
- All other property  real or  personal (estimate fair market value minus the loans and debts you owe) . . . . . \$ \_\_\_\_\_

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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**12. The following people live with me**

Name	Age	How is the person related to you?	Gross monthly income	Pays some of the household expenses?
a.				<input type="checkbox"/> Yes <input type="checkbox"/> No
b.				<input type="checkbox"/> Yes <input type="checkbox"/> No
c.				<input type="checkbox"/> Yes <input type="checkbox"/> No
d.				<input type="checkbox"/> Yes <input type="checkbox"/> No
e.				<input type="checkbox"/> Yes <input type="checkbox"/> No

**13. Average monthly expenses**       Estimated expenses       Actual expenses       Proposed needs

a. My home:

(1)  Rent or  mortgage ..... \$ \_\_\_\_\_

(2) If mortgage, include:  
Average principal ..... \$ \_\_\_\_\_

Average interest ..... \$ \_\_\_\_\_

(3) Real property taxes. .... \$ \_\_\_\_\_

(4) Homeowner's or renter's insurance  
(if not included above)..... \$ \_\_\_\_\_

(5) Maintenance and repair..... \$ \_\_\_\_\_

b. Health-care costs not paid by insurance ..... \$ \_\_\_\_\_

c. Child care ..... \$ \_\_\_\_\_

d. Groceries and household supplies. .... \$ \_\_\_\_\_

e. Eating out ..... \$ \_\_\_\_\_

f. Utilities (gas, electric, water, trash) ..... \$ \_\_\_\_\_

g. Telephone/cell phone/e-mail ..... \$ \_\_\_\_\_

h. Laundry and cleaning ..... \$ \_\_\_\_\_

i. Clothes ..... \$ \_\_\_\_\_

j. Education (specify): ..... \$ \_\_\_\_\_

k. Entertainment, gifts, and vacation..... \$ \_\_\_\_\_

l. Auto expenses and transportation  
(insurance, gas, repairs, bus, etc.)....\$ \_\_\_\_\_

m. Insurance (life, accident, etc.; do not include auto, home, or health insurance.) \$ \_\_\_\_\_

n. Savings and investments ..... \$ \_\_\_\_\_

o. Charitable contributions ..... \$ \_\_\_\_\_

p. Monthly payments listed in item 16  
(itemize below in 16 and insert total here) \$ \_\_\_\_\_

q. Other (specify): ..... \$ \_\_\_\_\_

r. **TOTAL EXPENSES (a-q)** ..... \$ \_\_\_\_\_  
(do not include amounts in a(2))

s. **Amount of expenses paid by others** .. \$ \_\_\_\_\_

**14. Installment payments and debts (not listed above)**

Paid to	For	Amount	Balance	Date of last payment
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	
		\$	\$	

**15. Attorney fees (This is required if either party is requesting attorney fees.)**

- a. To date I have paid my attorney for fees and costs: \$
- b. The source of this money was (specify):
- c. I owe to date the following fees and costs over the amount paid: \$
- d. My attorney's hourly rate is \$

I confirm this information and fee arrangement.

Date:

(TYPE OR PRINT NAME OF ATTORNEY)

(SIGNATURE OF ATTORNEY)

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT/CLAIMANT:	CASE NUMBER:
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## **Child Support Information**

*Fill out this page only if your case involves child support.*

**16. Number of children**

- a. I have \_\_\_\_\_ children under the age of 18 with the other parent in this case.  
b. The children spend \_\_\_\_\_ % of time with me \_\_\_\_\_ % of time with the other parent.  
*(If not sure about percentage, or it's not been agreed upon, please describe your parenting schedule here.)*

#### **17. Children's health-care expenses**

- a.  I do  I do not have health insurance for the children available at work.

b. Name of insurance company:

c. Address of insurance company:

d. The monthly cost for children's health insurance is or would be: \$

*(Do not include the amount your employer pays.)*

**18. Additional expenses for the children in this case:**

Amount per month

- a. Child care so I can work or get job training. . . . . \$ \_\_\_\_\_
  - b. Children's health care not covered by insurance . . . . . \$ \_\_\_\_\_
  - c. Travel expenses for visitation . . . . . \$ \_\_\_\_\_
  - d. Children's educational or other special needs (specify): . . . . . \$ \_\_\_\_\_

### **19. Special hardships:**

I ask the court to consider these special financial circumstances:

*(Attach documentation of any item listed here including court orders.)*

Amount per month

For how many months?

- a. Extraordinary health expenses not included in 18b ..... \$ \_\_\_\_\_

b. Major losses not covered by insurance (*examples: fire, theft, other uninsured loss*) ..... \$ \_\_\_\_\_

c. (1) Expenses for my minor children from other relationships who live with me ..... \$ \_\_\_\_\_  
*(List names and ages of those children):*

(2) Child support I receive for those children ..... \$ \_\_\_\_\_

(2) Child support I receive for those children ..... \$ .....

The expenses listed in a, b and c create an extreme financial hardship because (explain):

**20. Other information I want the court to know concerning support in my case.**

Your name and address or attorney's name and address:	TELEPHONE NO.:	FOR COURT USE ONLY
ATTORNEY FOR (Name): <b>SUPERIOR COURT OF CALIFORNIA, COUNTY OF</b>		
STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:		
PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:		
<b>FINANCIAL STATEMENT (SIMPLIFIED)</b>		CASE NUMBER:

**NOTICE: Read page 2 to find out if you qualify to use this form and how to use it.**

1. a.  My only source of income is TANF, SSI, or GA/GR.  
b.  I have applied for TANF, SSI, or GA/GR.
2. I am the parent of the following number of natural or adopted children from this relationship .....
3. a. The children from this relationship are with me this amount of time ..... %  
b. The children from this relationship are with the other parent this amount of time ..... %  
c. Our arrangement for custody and visitation is (*specify, using extra sheet if necessary*):
4. My tax filing status is:  single  married filing jointly  head of household  married filing separately.
5. My current gross income (*before taxes*) per month is .....

**Attach 1** This income comes from the following:

<b>copy of pay stubs for last 2 months here (cross out social security numbers)</b>	<input type="checkbox"/> Salary/wages: Amount before taxes per month..... \$
	<input type="checkbox"/> Retirement: Amount before taxes per month..... \$
	<input type="checkbox"/> Unemployment compensation: Amount per month..... \$
	<input type="checkbox"/> Workers' compensation: Amount per month..... \$
	<input type="checkbox"/> Social security: <input type="checkbox"/> SSI <input type="checkbox"/> Other Amount per month..... \$
	<input type="checkbox"/> Disability: Amount per month..... \$
	<input type="checkbox"/> Interest income (from bank accounts or other): Amount per month..... \$

I have no income other than as stated in this paragraph.

6. I pay the following monthly expenses for the children in this case:
  - a.  Day care or preschool to allow me to work or go to school .....
  - b.  Health care not paid for by insurance .....
  - c.  School, education, tuition, or other special needs of the child .....
  - d.  Travel expenses for visitation .....
7.  There are (*specify number*) \_\_\_\_\_ other minor children of mine living with me. Their monthly expenses that I pay are .....
8. I spend the following average monthly amounts (*please attach proof*):
  - a.  Job-related expenses that are not paid by my employer (*specify reasons for expenses on separate sheet*) \$
  - b.  Required union dues .....
  - c.  Required retirement payments (not social security, FICA, 401k or IRA) .....
  - d.  Health insurance costs .....
  - e.  Child support I am paying for other minor children of mine who are not living with me .....
  - f.  Spousal support I am paying because of a court order for another relationship..... \$
  - g.  Monthly housing costs:  rent or  mortgage .....

If mortgage: interest payments \$\_\_\_\_\_ real property taxes \$\_\_\_\_\_

9. Information concerning  my current employment  my most recent employment:

Employer:

Address:

Telephone number:

My occupation:

Date work started:

Date work stopped (*if applicable*):

What was your gross income (*before taxes*) before work stopped?:

Page 1 of 2

PETITIONER/PLAINTIFF: RESPONDENT/DEFENDANT: OTHER PARENT:	CASE NUMBER:
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10. My estimate of the other party's gross monthly income (*before taxes*) is ..... \$ \_\_\_\_\_  
 11. My current spouse's monthly income (*before taxes*) is ..... \$ \_\_\_\_\_  
 12. Other information I want the court to know concerning child support in my case (*attach extra sheet with the information*).  
 13.  I am attaching a copy of page 3 of form FL-150, *Income and Expense Declaration* showing my expenses.

I declare under penalty of perjury under the laws of the State of California that the information contained on all pages of this form and any attachments is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

PETITIONER/PLAINTIFF  RESPONDENT/DEFENDANT

## INSTRUCTIONS

**Step 1: Are you eligible to use this form?** If your answer is YES to any of the following questions, you may NOT use this form:

- Are you asking for spousal support (alimony) or a change in spousal support?
- Is your spouse or former spouse asking for spousal support (alimony) or a change in spousal support?
- Are you asking the other party to pay your attorney fees?
- Is the other party asking you to pay his or her attorney fees?
- Do you receive money (income) from any source other than the following?
  - Welfare (such as TANF, GR, or GA)
  - Interest
  - Salary or wages
  - Workers' compensation
  - Disability
  - Social security
  - Unemployment
  - Retirement
  - Are you self-employed?

If you are eligible to use this form and choose to do so, you do not need to complete the *Income and Expense Declaration* (form FL-150). Even if you are eligible to use this form, you may choose instead to use the *Income and Expense Declaration* (form FL-150).

**Step 2: Make 2 copies of each of your pay stubs for the last two months.** If you received money from other than wages or salary, include copies of the pay stub received with that money.

Privacy notice: If you wish, you may cross out your social security number if it appears on the pay stub, other payment notice or your tax return

**Step 3: Make 2 copies of your most recent federal income tax form.**

**Step 4: Complete this form with the required information.** Type the form if possible or complete it neatly and clearly in black ink. If you need additional room, please use plain or lined paper, 8½-by-11", and staple to this form.

**Step 5: Make 2 copies of each side of this completed form and any attached pages.**

**Step 6: Serve a copy on the other party.** Have someone other than yourself mail to the attorney for the other party, the other party, and the local child support agency, if they are handling the case, 1 copy of this form, 1 copy of each of your stubs for the last two months, and 1 copy of your most recent federal income tax return.

**Step 7: File the original with the court.** Staple this form with 1 copy of each of your pay stubs for the last two months. Take this document and give it to the clerk of the court. Check with your local court about how to submit your return.

**Step 8: Keep the remaining copies of the documents for your file.**

**Step 9: Take the copy of your latest federal income tax return to the court hearing.**

**It is very important that you attend the hearings scheduled for this case. If you do not attend a hearing, the court may make an order without considering the information you want the court to consider.**